SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-009903
STATE FILE NUMBER

AMENDED

Registration District No. 242 Primary Registration District No. 4364 Registrar's No. 4

FILED APR 14 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stella — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cardwell Memorial — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Stella, Rural — Reside on Farm: Yes ☒ No ☑

3. NAME OF DECEASED (Type or print): First: Lee Middle: Francis Last: Corner
4. DATE OF DEATH: Month: January Day: 22 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-28-1889
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months 3 Days 25 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Granby Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Francis H. Corner
13b. MOTHER'S MAIDEN NAME: Eliza Knight
14. NAME OF HUSBAND OR WIFE: Oma Corner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Oma Corner Address: Stella, Mo. R#1

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction (massive) — INTERVAL BETWEEN ONSET AND DEATH: 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease — 2 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1954 to 1-22-61 and last saw ~~her~~ him alive on 1/22/61
Death occurred at 3:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D.D. Fountain (Degree or title) DO
22b. ADDRESS: Noel, Mo
22c. DATE SIGNED: 1/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-25-61
23c. NAME OF CEMETERY OR CREMATORY: Union Cem.
23d. LOCATION (City, town, or county) (State): 6 Mi. S. Stella, Mo.

24. FUNERAL DIRECTOR: W. Morris Pope Wheaton ADDRESS:
25. DATE RECD. BY LOCAL REG.: 1-28-61
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.